FOR BOARD	USE ONLY
Amount Su	bmitted
Date	
Receipt #_	



FOR BOARD USE ONLY	
Certificate Number	
Date Issued	
Applicant No.	

GEORGIA STATE BOARD OF PROFESSIONAL ENGINEERS & LAND SURVEYORS

Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440 www.sos.state.ga.us/plb/pels/

APPLICATION FOR CERTIFICATE AS A LAND SURVEYOR

Application Fee \$30 (non-refundable)

License Type: LAND SURVEYOR

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards):

Name as desired	on License				
		First		ldle	Last
Name as shown c if different)	n exam re		scripts		
		First	Mic	ldle	Last
Social Security N Physical Address					
-	Numbe	r and Street t acceptable	Apt. No	City/State	Zip
//ailing Address					
Mailing Address f different)	Numbe	r and Street	Apt. No	City/State	Zip
elephone Number D	Day	Telephone Nu	mber Evening	E-Mail Addres	 SS
Affiliation:					
lame of firm					
	_				
hysical Address	š				
	Numbe	r and Street	Apt. No	City/State	Zip
Physical Address	Numbe P.O. Box no	r and Street t acceptable	Apt. No	City/State	Zip

NOTE TO APPLICANT: This information will be entered into the Division database for Accounting and Licensing purposes. All items must be completed, and then duplicated on the next page of the application for Board review.

APPLICATION FOR REGISTRATION AS A LAND SURVEYOR BY EXAM

Section 1: General Information	on)ate:	<i></i>	
Please check exam preference:	Spring exam	or Fall exam			
Name:					
First		MI	Maiden		Last
Social Security Number*:		_			
Home Address:					
	Street & Number		City		State & Zip
Business Address: Street 8	Number	C	ity	State & Z	 'ip
Business Phone: ()		Home Pho	one: ()_		
Name and Address of present Employ	/er:				
Present Position:					
Date of Birth: Birthp	lace:	US Citizen	? []yes []no	If no, subn	nit registration card.
Have you ever served as a member Duty Service:			/es [] no. If y	es, list date	s of the term of Activ
Have you ever been convicted or pleasheet.	I nolo contendere to	a crime? []	yes []no. If y	es, submit d	letails on a separate
Section 2: Registration					
LSIT-StateCertificate No	Da	ate of Certifica	ation as LSIT:		
Maiden Name/Other name licensed ur	nder:				
Other licenses held [] LSIT [] LS [] PE [] EIT State	in which yo	ou are license	ed	
Number of hours written examination	(write "none" if no	written exami	nation taken):		
Have you ever applied to this Boa	rd for registration	before? Yes	[] No[]. If y	es, check t	ype of application:
[]LSIT []LS []PE []EIT When	did you apply? _		Registration	n Status: _	
List other states and types of regis	stration for which y	you have ap	plied or are cu	ırrently app	lying:
(1) State License:	(2) State:	_License:	(3) St	tate:	License:
Has any professional license graphivately, or have you ever been Yes[] No[]. If the answer is "Ye	denied licensure,	by any boa	rd or agency	in Georgia	

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. \S 19-11-1 & O.C.G.A. \S 20-3-295, 42 U.S.C.A. \S 551 & 20 U.S.C.A. \S 101.

Board Use Only Section:

School	Degree/Date	Abet Yes	No
Masters	Degree/Date	Abet Yes	No
Technology	Degree/Date	Abet Yes	No
Other	Degree/Date	Abet Yes	No
State and LSIT#	Comity Applicants State and LS#_		

Section 3: Experience

Applicant Name:

Eng.	Company Name	Your Title	Part Time	From	То	Total Months	%	Qex								
TOTAL endorse	. # OF ENDORSEMENTS FORM d)	S: (All Engagements must_ be		Ec	lucation	Total										
Field:				Ex	perience	Total										
References: Positive () Negative ()			Т	otal Mo	nths											
Special				Board	Member & Dat	r's Initials e										

Shaded areas are for Board use only

NON-LAND SURVEYING AND RELATED GAPS PLEASE LIST (references not needed)

Applicant Name:		
From	То	-
Decription		
From	То	-
Decription		
From	То	-
Decription		
From	То	-
Decription		
From	То	
Decription		

Section 4: Education

INSTITUTION AND LOCATION	FROM	то	DATE OF GRADUATION		
High School: (Transcripts not needed)					
Colleges and Universities: (Transcripts needed from all)	FROM	то	TOTAL MONTHS	MAJOR	DEGREE
1.			WONTHS	FIELD	
2.					
3.					
4.					
5.					
*** FOR BOARD USE ONLY *** *** *** *** ***	*** EDUCA	TION TOTA	L:		

Section 5: Affidavit by Applicant

State of:	ATTACH PHOTO HERE
County of:	(Please Use Photo Taken In the Last 90 Days
Applicant's name	MUST be Head/Shoulders and MUST NOT be Photocopied or a Copy from a Publication (Read Enclosed Instructions)
first duly sworn, deposes and says: I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith. I further state that I have read and pledge to adhere to the Board's rules of professional conduct upon obtaining my registration in Georgia. I further understand that my experience will be considered only through the date of this application, noted below.	
Applicant's Signature:	
Subscribed and sworn to before me thisday of, 20	
Signature of Notary Public :	(SEAL)
My commission expires: / /	

Section 7: Record of Board

Applicant: This page is for BOARD USE ONLT. However,	prease be sure to enclose with application.
Examination Taken:	Date:/
Grade:	
Certificate Number Issued:	Date:/
Action of Board:	
Additional Comments:	

This is page 1 of a two-page form. Please send both pages together.

Attention Applicant: Tampering with the sealed envelope will void the entire application.

Section 6: Endorsement Form

ENGAGEMENT NUMBER (from Section III) _____

SECTION 6-A (TO BE COMPLETED BY APPLICANT)

	SECTION 6-A (TO B	E COMPLETED BY	APPLICAN	1)
Name:				
Applicant's Last Name	Applica	nt's First Name		MI
	Social Security Nu	mber:		
(a) Reference Only []	(b) Reference & E	xperience Verificatio	n [] ((c) Experience Verification Only []
by blood or marriage, of whom at lea on which the applicant predicates his	at three shall be register qualifications."	ed, active land surve	yorshaving	five persons, not related to the applicant personal knowledge of the experience
Experience described on this form w	as obtained while emp	Compan		
Address	City	State	Zip Code	County
- For this engagement, was your direct State Licensed in:Registration			[] Superv	visor's name:
Starting Date:Ending	Date:	Endorser:		

-FOR THIS ENGAGEMENT, STATE YOUR TITLE AND CONCISELY DESCRIBE EXPLICITELY, THE NATURE, MAGNITUDE, AND COMPLEXITY OF YOUR RESPONSIBILTIES.

This section has been provided to the endorser to be used as space for notations regarding the (in) accuracy of the applicant's description.

This is pa	ige 2 of a two-page form. Please sen	d both pages together.		
Dear Mr.	/Ms:	(Endorser)		
Georgia a vital to perfuncto to you.	and has referred to you as having in our evaluation. The Georgia State ory, and not made for the mere purp	formation concerning his/her cl te Board wishes to point out t cose of aiding the applicant. Th not let the applicant see your	naracter and ability hat statements mu is form has been p	as a Land Surveyor in the state of y. Your evaluation of said applicant is ast be from personal knowledge, non-rovided to the applicant for forwarding ments and that you do not otherwise
Seal the e Coliseum directions	envelope and sign the back flap to en Drive, Macon, GA 31217-3858, s above, then mail the completed for	sure against tampering. If you please make a blank copy of them to the Board.	prefer to mail the f	closed pre-addressed stamped envelope. Form directly to the Board office at 237 it back to the applicant following the
Section	6-C (to be completed by the endo	rser/reference)		
Name: _	Last	First		MI
Address:	Number/Street	City	State	Zip Code
Rusiness	Phone: ()	•		Zip code
1)	Your present business or profession			
2)				tion Number:
3)	How long have you known the app			
4)	Your business connection with the			
5)	Would you employ the applicant in			
6)	In a brief statement, describe the ap	_		
7)	•	plicant's qualifications (if any) t	o design or have re	esponsible charge of surveying work. veyor.
	s	ection 6-D(to be completed b (Signature must be prov		
() I ha ability an correct.		e work experience described by	the applicant and t	out the applicant's work and surveying he time claimed therefore are true and
, , , , ,	20 certaly. Detter of explanation	Chicken of white maned to i	Soura office under	separate corer.

Date

Endorser's/Reference's Signature

Instructions for LS Application

Note: Please consult the Instructions, Board Laws, Rules and Instruction Sheet before calling the Board office.

Either type or print neatly and legibly on this application. Illegible and incomplete applications will be returned to you.

Effective immediately, all Application supporting information (verifications, endorsements, references and transcripts) must be enclosed with the completed application and mailed to the Georgia State Board of Registration for Professional Engineers and Land Surveyors at P O Box 13446, Macon, GA 31208.

The applicant will now be responsible for gathering the information from his/her endorsers, college(s) and other state boards.

- 1. Have each agency/institution/person send the item directly to you (the applicant), in a sealed envelope, signing the back flap of the envelope to ensure no tampering.
- 2. Gather all sealed envelopes along with your application and send the entire package to the Georgia State Board of Registration for Professional Engineers and Land Surveyors office.
- 3. Send a stamped self-addressed envelope along with the Acknowledgement Letter.
- 4. If all is in order, the Board office staff will return the Acknowledgement Letter to you with a receipt date.
- 5. If the application is incomplete or one of your items is missing or opened, the entire package will be returned to you.

Section 1: General Information

Name: Last name first.

Address: Preferred *permanent* complete mailing address.

If you have served in the Armed Forces, submit a DD-214, or other proof of service.

Section 2: Registration

If you have ever applied to this Board before, indicate what type of registration you applied for. If your application was returned to you, then it was never logged into our database, and in this case, you would answer "No".

If you took your exam in one state and live in or have moved to Georgia from another state and are applying in Georgia by comity registration, you must provide verification of licensure from both the exam state and your recent home state.

Section 3: Experience

Please complete columns Engagement #, Company Name, Your Title, Part Time, From, To, Total Months, and Total Number of Endorsement Forms only. The rest of the page is "For Board Use Only."

Account for all post-secondary (after high school) engagements in chronological order beginning with your first held position **having to do with surveying**. Beginning dates should indicate month and year. Engagements are defined as employment periods at different companies or firms and **significant** changes of responsibilities within the same company or firm. It **does not mean different projects** or various placements within the same company or firm unless it is a significant change in responsibility.

Engagement #: Number these consecutively. Identify part time work and indicate number of hours per week.

All gaps (in college, employment, etc.) must be identified on the appropriate form. This includes non-surveying work, unemployment, sabbaticals, incarceration, gaps between high school and college, or between college and first engagement, etc. If you did not go directly into college from high school, then account for time since high school graduation.

Section 4: Education

Transcripts must be sent from all college attended, whether you graduated or not. If your post-secondary education was earned in the US or its territories, transcripts must be sent to you in a sealed envelope for you to forward to the Board with your application.

If your post-secondary education was earned outside the US, you MUST: 1) refer to Board Rules 180-3-.03 and 180-3-.04 (see Board website, http://www.sos.state.ga.us/plb/pels/); 2) submit a notarized copy of your transcript which must show all coursework earned, the degree granted, and the date your degree was conferred. 3) If it is not in English, include a certified English translation, also notarized. Contact ECEI at their website address, www.ecei.org or request from the Board a Foreign Evaluation application, as your transcript must be evaluated.

Section 5: Affidavit

The photo should be a clear head and shoulder shot, and may be black & white or color photograph. Digital photos are accepted. Photo should fit in the space provided. Application MUST be signed and officially notarized.

Section 6: Endorsement Form

Endorsers: 1) should not be related to the applicant by blood or marriage; 2) should not be Board members; and 3) should have personal knowledge of applicant's professional reputation and accomplishments.

Indicate endorsement number in space provided, making sure it coincides with the numbered engagement in Section 3.

At least five endorsement forms MUST be references, either "Reference Only" or "Reference and Experience Verification", and at least three of these references MUST be registered, active land surveyors (not necessarily in Georgia). Additionally, all engagements listed on Section 3: Experience, must be endorsed. One person may endorse more than one engagement on his/her Endorsement Form. It is not necessary to submit multiple endorsements for one engagement, unless you need to for the five minimum.

If you are using an Endorsement Form as a "Reference Only" complete Section 6-A. 1) Fill in your name and social security number, check the appropriate box, and 2) forward form to endorser along with a preaddressed stamped envelope for the endorser to return it to you.

If you are using the Endorsement Form as a "Reference and Experience Verification or an "Experience Verification Only", complete Section 6-A: 1) Check the appropriate, 2) Complete the front of the form, giving sufficient detail of your job duties, 3) Forward form to endorser along with a pre-addressed stamped envelope for the endorser to return it to you. If everyone familiar with your work is gone from the company, and the company is still in business, have the Personnel Department verify your work dates. If the company is closed, complete the form, then write at the bottom of the page "Company Closed."

If you worked solely for a relative, that relative may endorse the experience provided. However, he/she still may not serve as one of the five (5) required references.

See Fee Schedule for appropriate fee and be sure to enclose a check or money order. Checks should be made payable to *Secretary of State*. If fee is not attached, application will be returned.

Deadlines

Deadline date is for the complete application. All supporting documentation and information must be received before an application is considered complete. If they are not received by the deadline date, you may not be considered until the next scheduled exam. It is the applicant's responsibility to assure receipt of required documentation.

December 1st is the deadline for the April examination. June 1st is the deadline for the October examination.

	REQUES	T FOR VERIFICATION OF F	REGISTRATION	OR EXAMINATION			
				Date:			
TO:				(Name)			
					(Street Address)		
FROM:	Georgia State Board of Registration for Professional Engineers & Land Surveyors 237 Coliseum Drive						
	Macon, Georgia 31217-3858			(Cit	(City, State & Zip Code)		
				(Social Security Nur	ocial Security Number) (
I.	THE ABOVE NAMED PERSON WAS CI	ERTIFIED OR REGISTERE	D AS:				
				Certificate #	Date Issued	Valid Until	
	ineer-In-Training/Engineer Intern						
[] Professional Engineer [] Land Surveyor-In-Training/Land Surveyor Intern [] Land Surveyor							
П.	Basis of Registration:						
			Hours	(Pass/Fail) Results	(Yes/No) NCEES	Exam Dat	
[] Written Examination:		FE PE					
		FLS LS					
[] Other		Other					
	[] Examination Option:				(Discipline)		
	[] Oral Examination:	Hours – PE		Hours – LS			
	[] EIT/LSIT Accepted from: _					-	
	[] PE/LS Accepted from:						
	[] Other:						
III.	QUESTIONS: 1. Has any disciplinary action ever been taken against the applicant? 2. If so, has this disciplinary case been satisfied to the Board's requirements? (If not, give details): Yes					No No	
IV.	REMARKS:						
					(BOA	DD CEAL)	
					RD SEAL)		
Ву:		Title:		Date:			
	(If a fee is required, please	notify the applicant l	out do not d o	elay the processing	of this form)		

Georgia State Board of Registration for Professional Engineers & Land Surveyors

VERIFICATION OF OUT-OF-STATE LICENSURE EXAMINATION AND REGISTRATION

Instructions to the Applicant:

- 1. The Applicant should:
 - Complete his or her name and address on the top portion, upper right corner on the reverse side of this form.
 - b. Fill in the name of the state board completing this form.
 - Forward this form to the out-of-state board where the applicant is certified or registered.
- 2. **Examination Applicants** should submit a verification form to the state of their Engineer-In-Training (EIT) or Land Surveyor-In-Training (LSIT) certification.
- 3. **Comity Applicants** should:
 - a. Submit a form to the state of their Engineer-In-Training (EIT) or Land Surveyor-In-Training (LSIT) certification **and** to the state of their initial Professional Engineer (PE) or Land Surveyor (LS) registration.
 - b. If registration is not currently valid in the state of the initial registration, submit a form to the state where a current valid registration is held.
- 4. This form may be copied if necessary.

Instructions to the Out-of-State Board: The Out-of-State Board should complete Sections I-IV on the reverse side of this form, enter the appropriate state name, and return to the applicant in a sealed envelope with an official signature on the flap of the envelope to assure no tampering.

IMPORTANT NOTICES

COMPLETE APPLICATION PACKAGE

Effective immediately, all Application supporting information (verifications, endorsements, references and transcripts) must be enclosed with the completed application and mailed to the Georgia State Board of Registration for Professional Engineers and Land Surveyors at P O Box13446, Macon, GA 31208.

The applicant will now be responsible for gathering the information from his/her endorsers, college(s) and other state boards.

- 1. Have each agency/institution/person send the item directly to you (the applicant), in a sealed envelope, signing the back flap of the envelope to ensure no tampering.
- 2. Gather all sealed envelopes along with your application and send the entire package to the Georgia State Board of Registration for Professional Engineers and Land Surveyors office.
- 3. Send a stamped self-addressed envelope along with the Acknowledgement Letter.
- 4. If all is in order, the Board office staff will return the Acknowledgement Letter to you with a receipt date.
- 5. If the application is incomplete or one of your items is missing or opened, the entire package will be returned to you.

Note read before filling out Section III:

You must provide to the Board endorsements/references from at least five separate individuals, at least three of which must be currently licensed as a registered land surveyor. You must provide endorsements from all engagements listed in section III Experience. If the company has closed, or merged with another company and you are unable to obtain verification or reference please complete the endorsement form listing everything you did at that company and in the blank space provided write "company closed." If the company is open but you are unable to contact anyone who knows you, then send it to the Human Resource Department for work dates verification,

Acknowledgement Letter

This is to acknowledge that your application was received on	_ by
the Office of the Board of Registration for Professional Engineers and Land Surveyors. You will	be
notified at a later date if additional materials are needed to complete your application file.	
Instructions: Include this letter along with a stamped self-addressed envelope inside your completed application package you mail it to the Board. If all is in order with your application and the supporting documents are all accounted for, this will be marked with a receipt date and will be mailed back to you.	